

# FIRST HOLY COMMUNION APPLICATION FORM

SS Lawrence and Paul, 71 Broad Street, Chipping Sodbury, Bristol BS37 6AD  
Tel. 01454 312161

CHILD'S FULL NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

PARENTS (GUARDIAN): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Date and Place of Baptism: \_\_\_\_\_

Current School: \_\_\_\_\_

## *GOD'S GREATEST GIFT*

Dear Parents

The celebration of the Eucharist is at the very heart of our Christian experience and life. The rhythm of worship and the joy of fellowship are the special characteristics of the Catholic church. So we want your children to continue on their journey of faith by learning more and becoming more aware of their unique place in the family of God.

The course, *God's Greatest Gift*, will begin on **Saturday 8<sup>th</sup> January 2011** and is a comprehensive preparation for reception of communion and also for the sacrament of reconciliation. You will be asked to purchase the children's workbook and the highly-recommended Parents Guide if you do not already have a copy.

The invitation is to all children of Year 3 and above. This enables all the children of that year to undertake instruction together. A natural consequence of this is that some children may still be seven when they receive First Holy Communion on **Sunday 19<sup>th</sup> June 2011**. Participation in the course is naturally at the discretion of you the parents. Some may decide to wait a year.

Do we have your permission for your child to be photographed during the course? YES / NO

**Please complete both of these forms and return to Father Jim / Deacon Vince / Presbytery as soon as possible. The catechists will write to you with details of the course shortly after receipt of the applications.**

In the Clifton Diocesan document Creating a Safe Environment for Children it is recommended that we obtain the following information about the children we work with in order that our Insurance Cover is valid. Any information you give us will be treated as confidential.

Does your child have any serious medical condition? (eg heart defect.) Yes/ No  
If Yes please specify.

Does your child have a condition which requires regular use of medication?  
{eg. Asthma, diabetes, epilepsy, ADHD) Yes/ No  
If Yes please specify.

Does your child have any allergies? (eg. To nuts, insect stings, plasters, hay fever.)  
Yes/ No  
If Yes please specify.

Does your child have an epi-pen or use another form of antihistamine?

In the case of an Accident or Medical Emergency do you give permission for one of the group leaders to act in loco parentis if we are unable to contact you? Yes/ No

Child's Name (please print)

Parent's Name (please print)

Parent's Signature

date

In order that we can support your child fully in their preparation for the Sacraments it would help us to know if your child has any learning difficulties. (eg. Dyslexia, dyspraxia. ADHD, hearing loss, visual impairment ) Yes/ No  
If Yes please specify.

Does your child have any significant phobias which may affect them during the course? (eg. Insects, thunder.) Yes/ No  
If Yes please specify.

Thank you for your cooperation in completing this form.

Brenda Organ, Tessa Lawrance